



Governor Brian Schweitzer

Montana

Department of Labor and Industry

Business Standards Division

BOARD OF MEDICAL EXAMINERS RECOMMENDATIONS MEDICATION CONTROL PROCEDURES FOR EMS SERVICES

All medications should be treated the same. While narcotics require the most extreme controls, if one procedure is developed for all medications, it's more likely to be followed by all staff and becomes less confusing for all.

All medications should be inventory controlled.

A "Medication Log" should be developed and maintained that identifies all medications utilized by the service by medication name, location, purchase date and expiration date.

All medications not assigned to a specific person, should have unauthorized access controlled by policy, location or other method.

All medications assigned to a specific person (or crew) should be done in writing.

When medications are being transferred from person to person (or crew to crew) due to shift change, a written process should be developed that requires the receiving person (or crew) to accept the medications and the transferring person (or crew) to confirm medications transferred.

Only one person should maintain oversight of purchasing and replacement of expired medications. This should be documented on the "Medications Log" identified above. All medications disposed of, should be witnessed by another and documented in writing.

Security should be maintained on all medications carried on EMS vehicles or in EMS medication bags, constantly either by locking devices or secure locations.

A quality assurance program must be developed and maintained to compare amounts of medications used during patient care (documented on patient care reports) and amounts replaced due to usage.

All medications disposed of during the actual run (not returned to the person responsible for oversight) must be witnessed and documented either on a specific form or patient care report in which some of the medications was utilized.

All discrepancies in amounts, locations, documentation and security must be investigated by the medical director immediately.

Adopted by the Board: November 21, 2003